

| <b>MULTIPLE DEPENDENT CLAIM<br/>FEE CALCULATION SHEET</b><br>(FOR USE WITH FORM PTO-875) |          |      |                     |      |                     |      | SERIAL NO.   | FILING DATE |
|--|----------|------|---------------------|------|---------------------|------|--------------|-------------|
|  |          |      |                     |      |                     |      | APPLICANT(S) |             |
| + 14 124 28 CLAIMS   |          |      |                     |      |                     |      |              |             |
|  | AS FILED |      | AFTER 1st AMENDMENT |      | AFTER 2nd AMENDMENT |      |              |             |
|  | IND.     | DEP. | IND.                | DEP. | IND.                | DEP. | IND.         | DEP.        |
| 1  |          |      |                     | 101  |                     | 0    |              |             |
| 2  |          |      |                     | 102  |                     | 7    |              |             |
| 3  |          |      |                     | 103  |                     | 0    |              |             |
| 4  |          |      |                     |      |                     |      |              |             |
| 5  |          |      |                     |      |                     |      |              |             |
| 6  |          |      |                     |      |                     |      |              |             |
| 7  |          |      |                     |      |                     |      |              |             |
| 8  |          |      |                     |      |                     |      |              |             |
| 9  |          |      |                     |      |                     |      |              |             |
| 10   |          |      |                     |      |                     |      |              |             |
| 11   |          |      |                     |      |                     |      |              |             |
| 12   |          |      |                     |      |                     |      |              |             |
| 13   |          |      |                     |      |                     |      |              |             |
| 14   |          |      |                     |      |                     |      |              |             |
| 15   |          |      |                     |      |                     |      |              |             |
| 16   |          |      |                     |      |                     |      |              |             |
| 17   |          |      |                     |      |                     |      |              |             |
| 18   |          |      |                     |      |                     |      |              |             |
| 19   |          |      |                     |      |                     |      |              |             |
| 20   |          |      |                     |      |                     |      |              |             |
| 21   |          |      |                     |      |                     |      |              |             |
| 22   |          |      |                     |      |                     |      |              |             |
| 23   |          |      |                     |      |                     |      |              |             |
| 24   |          |      |                     |      |                     |      |              |             |
| 25   |          |      |                     |      |                     |      |              |             |
| 26   |          |      |                     |      |                     |      |              |             |
| 27   |          |      |                     |      |                     |      |              |             |
| 28   |          |      |                     |      |                     |      |              |             |
| 29   |          |      |                     |      |                     |      |              |             |
| 30   |          |      |                     |      |                     |      |              |             |
| 31   |          |      |                     |      |                     |      |              |             |
| 32   |          |      |                     |      |                     |      |              |             |
| 33   |          |      |                     |      |                     |      |              |             |
| 34   |          |      |                     |      |                     |      |              |             |
| 35   |          |      |                     |      |                     |      |              |             |
| 36   |          | 2    |                     |      |                     |      |              |             |
| 37   |          |      |                     |      |                     |      |              |             |
| 38   |          |      |                     |      |                     |      |              |             |
| 39   |          |      |                     |      |                     |      |              |             |
| 40   |          |      |                     |      |                     |      |              |             |
| 41   |          |      |                     |      |                     |      |              |             |
| 42   |          |      |                     |      |                     |      |              |             |
| 43   |          |      |                     |      |                     |      |              |             |
| 44   |          |      |                     |      |                     |      |              |             |
| 45   |          |      |                     |      |                     |      |              |             |
| 46   |          |      |                     |      |                     |      |              |             |
| 47   |          | 6    |                     |      |                     |      |              |             |
| 48   |          | 2    |                     |      |                     |      |              |             |
| 49   |          |      |                     |      |                     |      |              |             |
| 50   |          |      |                     |      |                     |      |              |             |
| TOTAL IND.   |          |      |                     |      |                     |      |              |             |
| TOTAL DEP.   |          |      |                     |      |                     |      |              |             |
| TOTAL CLAIMS   |          |      |                     |      |                     |      |              |             |

  

|              | * 33 |      | * 28 |      | * 28 |      |
|--------------|------|------|------|------|------|------|
|              | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51           |      | 6    |      |      |      |      |
| 52           |      | 6    |      |      |      |      |
| 53           |      |      |      |      |      |      |
| 54           |      |      |      |      |      |      |
| 55           |      |      |      |      |      |      |
| 56           |      | 1    |      |      |      |      |
| 57           |      |      |      |      |      |      |
| 58           |      |      |      |      |      |      |
| 59           |      | 5    |      |      |      |      |
| 60           |      | 5    |      |      |      |      |
| 61           |      | 2    |      |      |      |      |
| 62           |      | 2    |      |      |      |      |
| 63           |      | 2    |      |      |      |      |
| 64           |      |      |      |      |      |      |
| 65           |      | 1    |      |      |      |      |
| 66           |      |      |      |      |      |      |
| 67           |      |      |      |      |      |      |
| 68           |      |      |      |      |      |      |
| 69           |      |      |      |      |      |      |
| 70           |      |      |      |      |      |      |
| 71           |      |      |      |      |      |      |
| 72           |      | 0    |      |      |      |      |
| 73           |      |      |      |      |      |      |
| 74           |      | 1    |      |      |      |      |
| 75           |      | 2    |      |      |      |      |
| 76           |      |      |      |      |      |      |
| 77           |      |      |      |      |      |      |
| 78           |      | 0    |      |      |      |      |
| 79           |      | 0    |      |      |      |      |
| 80           |      |      |      |      |      |      |
| 81           |      |      |      |      |      |      |
| 82           |      |      |      |      |      |      |
| 83           |      |      |      |      |      |      |
| 84           |      |      |      |      |      |      |
| 85           |      |      |      |      |      |      |
| 86           |      |      |      |      |      |      |
| 87           |      |      |      |      |      |      |
| 88           |      |      |      |      |      |      |
| 89           |      |      |      |      |      |      |
| 90           |      |      |      |      |      |      |
| 91           |      |      |      |      |      |      |
| 92           |      |      |      |      |      |      |
| 93           |      |      |      |      |      |      |
| 94           |      | 0    |      |      |      |      |
| 95           |      | 0    |      |      |      |      |
| 96           |      | 0    |      |      |      |      |
| 97           |      | 0    |      |      |      |      |
| 98           |      | 0    |      |      |      |      |
| 99           |      | 0    |      |      |      |      |
| 100          |      |      |      |      |      |      |
| TOTAL IND.   |      | 24   |      |      |      |      |
| TOTAL DEP.   |      | 124  |      |      |      |      |
| TOTAL CLAIMS |      | 148  |      |      |      |      |

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE  
Patent and Trademark Office**BEST AVAILABLE COPY**